

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7259

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6082 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If last usual residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Arrow Rock - Twp</u>	c. LENGTH OF STAY (In this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Arrow Rock - Twp</u>	d. STREET ADDRESS (If rural, give location) <u>near Nelson Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) <u>WILLIAM-ERNEST GILBERT</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-14-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar-26-1869</u>	9. AGE (In years last birthday) <u>80-10-18</u>	IF UNDER 1 YEAR Days	IF UNDER 4 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Gilbert</u>	13b. MOTHER'S MAIDEN NAME <u>Beulah Rogers</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard A. ...</u>	ADDRESS <u>Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TOTAL PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterial sclerosis</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 12, 1950, to Feb 14, 1950 that I last saw the deceased alive on Feb 14, 1950 and that death occurred at 3 - P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard A. ...</u>	(Degree or title)	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>2-15-50</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salt Fork Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Nelson - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 15-1950</u>	REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gray & Gunter - Feb 15 1950</u>	ADDRESS <u>Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 20

District Health Officer No. 8

District File Number _____

Date Filed 2-1-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Pepton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.